

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Aging and Adult Services  
Long Term Care Ombudsman Program

**OMBUDSMAN DESIGNATION CHECKLIST**

I certify that \_\_\_\_\_ has met program requirements in the following areas and should become a designated Ombudsman.

**TRAINING RECEIVED ON THE FOLLOWING TOPICS**

Ombudsman program responsibility	History/role of the program	Ethics
Resident rights	Aging process	Techniques of complaint investigation
Problem solving and resolution	An overview of LTC facilities	Regulatory requirements of LTC facilities
Other applicable laws and regulations	Medicare and Medicaid	Confidentiality of records
Review of resident records	Community agencies and resources	
Documentation	NORS Data Reporting/DES Long Term Care Ombudsman Database	

**OTHER PROGRAM REQUIREMENTS**

- Background check requirements for fingerprinting (ARS 46-141)
- Background check through Central Registry (ARS 8-804)
- Demonstration of freedom from infectious tuberculosis (TB) as evidenced by receipt of a document supplied by a medical facility *(if applicable)*
- 16 hours of core curriculum training
- 4 hours of in-the-field training
- Freedom from conflicts of interest as demonstrated in signing the Conflict of Interest Statement (AAA-1059A) *(send a copy to the OSLTCO)*
- Completion of the Volunteer Commitment form (AAA-1050A) *(if applicable)*
- Completion, with passing score, of the Ombudsman Designation Examination

Name of Regional Ombudsman Coordinator *(Please type or print)*: \_\_\_\_\_

Signature – Regional Ombudsman Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature – Regional Ombudsman or Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_